

EXHIBIT I

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

In re Terrorist Attacks on September 11, 2001	03-md-1570 (GBD)(SN)
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This document relates to:

August Bernaerts, et al. v. Islamic Republic of Iran, No. 1:19-cv-11865 (GBD) (SN)

DECLARATION OF FAMILIAL RELATIONSHIP

I, Nicholas Kemp, declare under penalty of perjury, as provided for by 28 U.S.C. § 1746, that the following statements are true and correct:

1. My name is Nicholas Kemp, and I am the step-son of Timothy Haviland¹ (“Timothy”) who died on September 11, 2001 (“9/11”) when the World Trade Center collapsed. I submit this Declaration to demonstrate I am the functional equivalent of Timothy’s son.

2. In 1997, Timothy came into my life when he started dating my mother. I was 10 years old at the time. A few months later, when Timothy started a job at the World Trade Center, he moved into our home and we became a family. Shortly after, Timothy and my mother bought a home together. In late 1998, Timothy and my mother got engaged and, in August 1999, they got married. I remember going to the courthouse with my sister to see the ceremony.

3. Timothy supported our family and took care of us. In addition to financial support, he treated me like his son, both emotionally and socially, and made our family whole. Timothy was a true family man. He cooked family dinners, drove us to school, came with us on field trips, took us to the movies, bowling, and to play miniature golf, organized family board game nights, and took us on trips to Eisenhower Park and to the beach.

¹ Timothy did not have any biological children.

4. Timothy strongly believed in education and helped me with my homework and made sure I did well in school. He was a voracious reader and loved taking me to the bookstore to read and pick out new books.

5. One of my fondest memories is when Timothy taught me how to build a computer from scratch. Timothy was very intelligent, and we bonded over our interest in computers. I also remember the times we spent watching sports. While Timothy was unfortunately a Yankees fan (I am an avid Mets fans), we both loved the Knicks and watched games together. We had a basketball hoop in front of our house and played together frequently. In addition to sports, Timothy liked the outdoors and we rode bikes together. We had so many wonderful times together and I looked forward to spending more time and creating more memories together.

6. There is no doubt I was Timothy's family. We visited Timothy's parents, brothers, and sisters, and each year (including several years after 9/11), and his parents sent my sister and I Christmas gifts. His family knew how much we meant to Timothy. My family spent every holiday with Timothy and our extended family (e.g., aunts, uncles, cousins, etc.), and we decorated the Christmas tree as a family every year.

7. Timothy and I had a special bond and were very close. Timothy made it known to others that I was his son, and I referred to him as my father (even several years after 9/11, when I was dating my now-wife, I referred to Timothy as my dad). He gave me advice (and, of course, discipline) like any loving father. My biological father and I were not close and he did not play an important role in my life. After my parents divorced, I saw my biological father sporadically. Timothy filled that void and was the father figure in my life. It meant so much that he was always present and made me feel important.

8. In fact, my sister and I received workers' compensation, social security benefits, and funds from the September 11th Victim Compensation Fund. *See* Exhibit 1. Additionally, we were claimed as dependents on Timothy's tax returns. *See* Exhibit 2.

9. 9/11 ripped our family apart. I will never forget that horrible day. It was my second week of high school. My school announced over the loudspeaker that something had happened at the World Trade Center. My guidance counselor contacted my mother, my aunt picked me up from school, and then we picked up my sister from her middle school. My uncle was a firefighter who was also at the World Trade Center. My whole family came to my house and we waited anxiously to hear news about Timothy and my uncle.

10. We did everything we could to find Timothy and my uncle, including calling hospitals to see if there were any patients with their names. We did not want to believe that they left this world so suddenly and unexpectedly, but we eventually had to accept the terrible truth that they were really gone. Following the death of Timothy and my uncle, I had trouble focusing on school and my grades slipped.

11. When I woke up on 9/11, I never imagined I would never see Timothy again. I feel Timothy's loss every day and share fond memories of him. To this day, I visit Timothy's grave at least twice each year.

12. Timothy and I had a very close relationship akin to a father and son and we considered each other to be father and son in every way. Accordingly, I should be deemed the functional equivalent of Timothy's son.

Executed on: 10/13/2021

Name (Signature): Nicholas Kemp

Name (Print): Nicholas Kemp

EXHIBIT 1



U.S. Department of Justice
September 11th Victim Compensation Fund

P.O. Box 18698
Washington, D.C. 20036-8698

December 26, 2002

AMY L. HAVILAND

[REDACTED]
OCEANSIDE, NY [REDACTED]
USA

Dear AMY L. HAVILAND:

This letter acknowledges receipt of your decision to accept the presumed award amount of **\$1,235,905.92**. Your decision was received on December 24, 2002 and has been added to your claim file.

Claim No.: [REDACTED]

Victim Name: TIMOTHY AARON HAVILAND

Please retain your claim number for future reference. You will need to provide this number in any future correspondence and for future inquiries.

If you have any questions regarding your application, please feel free to call the toll-free Help Line at 1-888-714-3385, 1-888-560-0844 for the hearing impaired (TDD); from outside the United States, please call collect at 212-625-1645.

Every effort will be made to respond to your application and/or inquiries as soon as possible.

Sincerely,
September 11th Victim Compensation Fund



U.S. Department of Justice

Victim Compensation Fund

P.O. Box 18698
Washington, D.C. 20036-8698

May 6, 2003

AMY L. HAVILAND

OCEANSIDE, NY

Dear AMY L. HAVILAND:

As you requested, here is a breakdown of the offsets included in calculating your award. These offsets consist of \$168,196.20 to the Estate, \$277,550.82 to Amy Haviland, \$59,763.53 to Nicholas Kemp, and \$104,857.53 to Jessica Kemp. The breakdown is the following:

- Past Social Security to Amy Haviland of \$4,156.40.
- Past and Future Social Security to Nicholas Kemp of \$44,949.67.
- Past and Future Social Security to Jessica Kemp of \$73,094.67.
- Past Workers Compensation to Amy Haviland of \$8,391.43.
- Past and Future Workers Compensation to Nicholas Kemp of \$14,813.86.
- Past and Future Workers Compensation to Jessica Kemp of \$31,762.86.
- Marsh Payment - Three Months' Base Pay to Estate of \$18,327.
- Marsh Payment - Supplemental Death Benefit to Estate of \$3,000.
- Marsh Payment - Special Death Benefit from Employer to Amy Haviland of \$5,000.
- Life Insurance Paid to the Estate of \$147,000 less premiums of \$130.80.
- Life Insurance Paid to Amy Haviland of \$260,024.59 less premiums of \$21.60.

I hope this information satisfies your request. Please contact me at (703) 741-2272 if you have any questions.

Sincerely,

Jessie Margolis
Adjudicator
Victim Compensation Fund



U.S. Department of Justice
September 11th Victim Compensation Fund

P.O. Box 18698
Washington, D.C. 20036-8698

disclaimer required by state law.

- Finally, the Special Master has authority to re-allocate the distribution where necessary to appropriately compensate the victim's spouse, children, or other relatives.



U.S. Department of Justice
September 11th Victim Compensation Fund

OMB NO.: 1105-0079

EXPIRATION DATE: 6/30/2003

P.O. Box 18698
 Washington, DC 20036-8698

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete the form is 30 minutes. A survey contact person will call each agency to answer questions and to facilitate getting the information in an effort to make the response reasonable, easier to complete, and less time-consuming. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Victim Compensation Fund, P.O. Box 18698, Washington, D.C. 20036-8698.

Authorization For Release of Information

I Authorize the U.S. Department of Justice to obtain any information relating to my application for representative payee under the September 11th Victim Compensation Fund of 2001 (Compensation Fund) from individuals or other sources having information relating to my application for representative payee.

I Further Authorize the U.S. Department of Justice to disclose any records or information relating to my application for representative payee to agency contractors assisting in the administration of the Compensation Fund; other federal, state, or local agencies; and other individuals or entities having information related my application for representative payee.

I Further Authorize the U.S. Department of Justice to publish the name of the person who has filed this application and the name of the minor to whom it relates.

I Further Authorize the release of information relating to my application for representative payee where such information indicates a violation or potential violation of law, including submission of fraudulent claims, to any civil or criminal law enforcement authority or other appropriate agency charged with responsibility of investigating or prosecuting such a violation.

I Further Authorize individuals having information pertinent to my application for representative payee to release such information to a duly accredited representative of the Department of Justice during the review of my application for representative payee to the Compensation Fund, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon my written termination whichever is sooner.

Amy L. Haviland
 Name (please print first, middle and last)

Amy L. Haviland
 Signature

5/6/03
 Date

EXHIBIT 2

Form 1040		Department of the Treasury — Internal Revenue Service		1999																																																													
For the year Jan 1-Dec 31, 1999, or other tax year beginning _____, 1999, ending _____																																																																	
Label (See instructions.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See instructions.)		Your First Name MI Last Name Timothy A Haviland If a Joint Return, Spouse's First Name MI Last Name Amy Haviland Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No. [REDACTED] City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code Oceanside NY [REDACTED]		Your Social Security Number [REDACTED] Spouse's Social Security Number [REDACTED] ▲ Important! ▲ You must enter your social security number(s) above. Yes No Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund? Note: Checking "Yes" will not change your tax or reduce your refund.																																																													
Filing Status Check only one box.		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above & full name here ... 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ... 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See instructions.)																																																															
Exemptions If more than six dependents, see instructions.		6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a b <input checked="" type="checkbox"/> Spouse <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">(1) First name Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)</th> <th>No. of boxes checked on 6c who: a lived with you b did not live with you due to divorce or separation (see instructions)</th> </tr> </thead> <tbody> <tr> <td colspan="2">Nicholas</td> <td>[REDACTED]</td> <td>Child</td> <td><input checked="" type="checkbox"/></td> <td>2</td> </tr> <tr> <td colspan="2">Jessica</td> <td>[REDACTED]</td> <td>Child</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5"></td> <td>Dependents on 6c not entered above</td> </tr> <tr> <td colspan="5"></td> <td>Add numbers entered on lines above</td> </tr> </tbody> </table> d Total number of exemptions claimed 4				(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)	No. of boxes checked on 6c who: a lived with you b did not live with you due to divorce or separation (see instructions)	Nicholas		[REDACTED]	Child	<input checked="" type="checkbox"/>	2	Jessica		[REDACTED]	Child	<input checked="" type="checkbox"/>							Dependents on 6c not entered above						Add numbers entered on lines above																														
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Income Attach Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>7 Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td>7</td> <td>62,614.</td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required</td> <td>8a</td> <td>30.</td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a</td> <td>8b</td> <td></td> </tr> <tr> <td>9 Ordinary dividends. Attach Schedule B if required</td> <td>9</td> <td>2.</td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)</td> <td>10</td> <td>0.</td> </tr> <tr> <td>11 Alimony received</td> <td>11</td> <td></td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ</td> <td>12</td> <td></td> </tr> <tr> <td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here</td> <td>13</td> <td></td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797</td> <td>14</td> <td></td> </tr> <tr> <td>15a Total IRA distributions</td> <td>15a</td> <td></td> </tr> <tr> <td>b Taxable amount (see instrs)</td> <td>15b</td> <td></td> </tr> <tr> <td>16a Total pensions & annuities</td> <td>16a</td> <td>31,189.</td> </tr> <tr> <td>b Taxable amount (see instrs)</td> <td>16b</td> <td>10,545.</td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td>17</td> <td></td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F</td> <td>18</td> <td></td> </tr> <tr> <td>19 Unemployment compensation</td> <td>19</td> <td>1,040.</td> </tr> <tr> <td>20a Social security benefits</td> <td>20a</td> <td></td> </tr> <tr> <td>b Taxable amount (see instrs)</td> <td>20b</td> <td></td> </tr> <tr> <td>21 Other income. List type & amount (see instrs)</td> <td>21</td> <td></td> </tr> <tr> <td>22 Add the amounts in the far right column for lines 7 through 21. This is your total income</td> <td>22</td> <td>74,231.</td> </tr> </tbody> </table>				7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	62,614.	8a Taxable interest. Attach Schedule B if required	8a	30.	b Tax-exempt interest. Do not include on line 8a	8b		9 Ordinary dividends. Attach Schedule B if required	9	2.	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	0.	11 Alimony received	11		12 Business income or (loss). Attach Schedule C or C-EZ	12		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here	13		14 Other gains or (losses). Attach Form 4797	14		15a Total IRA distributions	15a		b Taxable amount (see instrs)	15b		16a Total pensions & annuities	16a	31,189.	b Taxable amount (see instrs)	16b	10,545.	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		18 Farm income or (loss). Attach Schedule F	18		19 Unemployment compensation	19	1,040.	20a Social security benefits	20a		b Taxable amount (see instrs)	20b		21 Other income. List type & amount (see instrs)	21		22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	74,231.
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Department of the Treasury — Internal Revenue Service

Form **1040** **U.S. Individual Income Tax Return** **2000** (99) IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 2000, or other tax year beginning , 2000, ending , 20 OMB No. 1545-0074

Label
(See instructions.)

Use the IRS label.
Otherwise, please print or type.

Presidential Election Campaign
(See instructions.)

Your First Name MI Last Name
Timothy A Haviland

Your Social Security Number
[REDACTED]

If a Joint Return, Spouse's First Name MI Last Name
Amy Haviland

Spouse's Social Security Number
[REDACTED]

Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.
[REDACTED]

City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code
Oceanside NY [REDACTED]

Important!
You must enter your social security number(s) above.

Filing Status

1 ☐ Single

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's SSN above & full name here

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here

5 ☐ Qualifying widow(er) with dependent child (year spouse died) (See instructions.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

No. of boxes checked on 6a and 6b 2

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)	No. of your children on 6c who:
Nicholas	[REDACTED]	[REDACTED]	Son	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> lived with you 2
Jessica	[REDACTED]	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/> did not live with you due to divorce or separation (see instructions)
					Dependents on 6c not entered above
					Add numbers entered on lines above 4

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 66,740.

8a Taxable interest. Attach Schedule B if required 139.

b Tax-exempt interest. Do not include on line 8a 8b

9 Ordinary dividends. Attach Schedule B if required 67.

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 0.

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 1,543.

14 Other gains or (losses). Attach Form 4797

15a Total IRA distributions 15a b Taxable amount (see instrs) 15b

16a Total pensions & annuities 16a b Taxable amount (see instrs) 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a 6,230. b Taxable amount (see instrs) 20b 5,296.

21 Other income. List type & amount (see instrs)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income 73,785.

Adjusted Gross Income

23 IRA deduction (see instructions) 23

24 Student loan interest deduction (see instructions) 24

25 Medical savings account deduction. Attach Form 8853 25

26 Moving expenses. Attach Form 3903 26

27 One-half of self-employment tax. Attach Schedule SE 27

28 Self-employed health insurance deduction (see instructions) 28

29 Self-employed SEP, SIMPLE, and qualified plans 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN 31a

32 Add lines 23 through 31a 32 73,785.

33 Subtract line 32 from line 22. This is your adjusted gross income 33

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2000)

DECEASED Timothy Haviland 09/11/2001

Department of the Treasury — Internal Revenue Service

Form 1040

U.S. Individual Income Tax Return 2001

(99) IRS use only — Do not write or staple in this space.

Label
(See instructions.)Use the
IRS label.
Otherwise,
please print
or type.Presidential
Election
Campaign
(See instructions.)

For the year Jan 1 - Dec 31, 2001, or other tax year beginning		2001, ending		20	
Your First Name	MI	Last Name			
Timothy		Haviland			
If a Joint Return, Spouse's First Name	MI	Last Name			
Amy		Haviland			
Home Address (number and street). If You Have a P.O. Box, See Instructions.			Apartment No.		
City, Town or Post Office. If You Have a Foreign Address, See Instructions.			State ZIP Code		
Oceanside			NY		

Important!
You must enter your social security number(s) above.

Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☐ No ☐ Yes ☐ No

Filing Status

Check only
one box.

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's SSN above & full name here
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died) . (See instructions.)

Exemptions

If more than
six dependents,
see instructions.

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	No. of boxes checked on 6a and 6b	No. of your children on 6c who:
Jessica M	Kemp		Daughter	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instrs)
Nicholas S	Kemp		Son	<input checked="" type="checkbox"/>		
					Dependents on 6c not entered above	
d Total number of exemptions claimed					Add numbers entered on lines above	

Income

Attach Forms
W-2 and W-2G
here. Also attach
Form(s) 1099-R if
tax was withheld.If you did not
get a W-2, see
instructions.Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	57,175.
8a	Taxable interest. Attach Schedule B if required	8a	293.
b	Tax-exempt interest. Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	130.
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	1,561.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
b	Taxable amount (see instrs)	15b	
16a	Total pensions & annuities	16a	
b	Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	9,531.
b	Taxable amount (see instrs)	20b	8,101.
21	Other income TAXPAYER DIED AT WTC	21	27,434.
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	94,694.
23	IRA deduction (see instructions)	23	
24	Student loan interest deduction (see instructions)	24	
25	Archer MSA deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see instructions)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	Add lines 23 through 31a	32	
33	Subtract line 32 from line 22. This is your adjusted gross income	33	94,694.

Adjusted
Gross
Income

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 12/10/01

Form 1040 (2001)